

Information for persons insured under collective insurance

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Terms and Conditions of Insurance

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SWISS SME card package Platinum

- SWISS Miles & More American Express Business Platinum
- SWISS Miles & More Mastercard World Business Platinum

SWISS SME card package Gold

- SWISS Miles & More American Express Business Gold
- SWISS Miles & More Mastercard World Business Gold

SWISS SME card package Silver

- SWISS Miles & More American Express Business Silver
- SWISS Miles & More Mastercard World Business Standard

(valid as of January 1, 2018)

The following information for persons insured under collective insurance provides an overview of the identity of the insurer and the essential content of the insurance contract (Art. 3 Para. 3 of the Swiss Insurance Contract Act ["Bundesgesetz über den Versicherungsvertrag"] [hereinafter referred to as: "VVG"]). The specific rights and obligations of the insured persons are derived from the Terms and Conditions of Insurance, any application forms or insurance confirmations, and from the applicable statutory provisions (VVG).

1. Contracting parties

Swisscard AECS GmbH, as issuer (hereinafter: "issuer") of charge and credit cards (hereinafter: "card/s"), has concluded a collective insurance policy with the below-specified insurer that grants the insured persons (see No. 2) entitlement to certain benefits for the cards specified in the insurance terms and conditions (see No. 3) relative to the insurer, but not relative to the issuer. The Insurance Terms and Conditions also detail the conditions for the assistance benefits.

The insurer and consequently the bearer of risk for the cover specified below is:

Allianz Global Assistance

AWP P&C S.A., Saint-Ouen (Paris), Wallisellen Branch (Switzerland), with registered domicile at Hertistrasse 2 in 8304 Wallisellen – hereinafter referred to as: "the insurer").

The insurer may delegate tasks to service-provider third parties within the context of the rendering of its performances.

2. Insured persons

The insured persons are derived from the definition on page 3 in the Terms and Conditions of Insurance.

3. Insured risks, scope of insurance cover and assistance benefits

The insured risks and the scope of insurance cover (including exclusions from insurance cover) as well as the individual insurance benefits are derived from the Terms and Conditions of Insurance, and particularly from the table of benefits (starting on page 5).

4. How is the premium calculated?

Premiums are owed to the insurer essentially by the card issuer as the policyholder. In respect of the insurance policies included in the cards, the card issuer shall bear the insurance premium, unless otherwise agreed. If optional insurance benefits are offered for the principal cardholder that incur costs, then the premiums shall be expressly reported to the principal cardholder in advance within the context of admission to these insurance policies.

5. What are the duties and obligations of the insured persons?

The duties and obligations are listed in detail in the Terms and Conditions of Insurance as well as in the VVG.

The following are material duties of the insured persons, for example:

- In the event of a claim, this must be reported to the insurer without undue delay.
- The insured persons must cooperate in the investigations of the insurer, e.g. in the event of a claim, and must submit all necessary documentation (obligation to cooperate).

- In the event of a claim, reasonable steps to reduce and resolve the damage must be taken (duty to reduce damage).

- The principal cardholder is obliged to inform the other insured persons where applicable (in particular the additional cardholders) about the main features of the insurance cover and obligations incumbent upon them in an insured event, and also that the General Terms and Conditions of Insurance can be obtained at any time from Swisscard AECS GmbH, Neugasse 18, CH-8810 Horgen or on the Internet under swisscard.ch

6. Duration of the insurance cover

The insurance cover shall normally be in force as long as the card relationship is effective. Special provisions on the term of insurance cover (depending on covered risk) can be found in the Terms and Conditions of Insurance.

7. Amending the scope of cover / the Terms and Conditions of Insurance

The insurer and the issuer may amend the Terms and Conditions of Insurance (incl. insurance sums) in accordance with the provisions set out in the GCI (also see III GCI 8), subject to termination by the insured person.

8. Information on the processing of personal data

The issuer and the insurer process data from the contract documentation or contract processing and uses these data particularly for calculating the premium, for risk evaluation, for processing claims and for statistical analyses. The issuer can also use the data for marketing purposes. The data are collected, processed, stored and deleted personally or physically or electronically in accordance with legal regulations. The insurer can share data for processing to the necessary extent with third parties in Switzerland and abroad, in particular the issuer, co-issuers and reinsurers, service providers as well as domestic and foreign companies belonging to the insurer which are involved in processing the contract. In addition, the insurer can obtain relevant information from official agencies and other third parties, particularly with regard to claims experience. The insured person has the right to demand from the insurer and the issuer information provided for by law regarding the processing of data relating to the insured person.

I. Structure of the Conditions/Introduction/Definitions

I.) A Structure of the Conditions

The Terms and Conditions of Insurance are composed of the following sections:

- I. Structure of the Conditions/Introduction/Definitions
- II. Table of benefits
- III. General Terms and Conditions of Insurance (GCI)
- IV. Special Conditions of Insurance(SCI)
- V. Claims table

A definitive list of insurance benefits covered supplementary to the General Terms and Conditions of Insurance and the Special Conditions of Insurance is provided in the table of benefits. In the event of inconsistencies, the table of benefits, shall have precedence.

The General Terms and Conditions of Insurance are always applied if no other regulation is provided in the Special Conditions of Insurance. In the event of inconsistencies, the Special Conditions of Insurance apply.

Finally, the claims table lists the forms of evidence to be submitted when an insured event occurs. In the event of inconsistencies, it has precedence over the General and Special Conditions of Insurance.

I.) B Introduction

The issuer has concluded a collective insurance contract with the insurer, through which cardholders and other insured persons are entitled to claim certain benefits **from the insurer, although not from Swisscard AECS GmbH and/or third parties charged with processing the contractual relationship.**

The principal cardholder is obliged to inform the other insured persons where applicable (in particular the additional cardholders) about the main features of the insurance cover and obligations incumbent upon them in an insured event, and also that the General Terms and Conditions of Insurance can be obtained at any time from Swisscard AECS GmbH, Neugasse 18, CH-8810 Horgen or on the Internet under swisscard.ch

Insured events must be reported without delay and directly to the insurer as soon as the insured claim becomes known, as otherwise entitlement to benefits may be lost.

I.) C Definitions

For ease of readability, differentiated gender designations have been avoided.
Meanings of terms used in the Terms and Conditions of Insurance:

Abroad

All countries outside the national territory in which the insured person is normally domiciled.

Accident

An accident is any sudden, involuntary, external event which results in physical injury to the insured person.

An accident is also deemed to have occurred if heightened physical exertion to limbs or the spine causes a joint to be wrenched or strains or tears muscles, sinews, ligaments or capsules.

Additional cardholder

The person to whom the issuer issued an additional card at the request of the principal cardholder.

Advances

Advance for claims that are not covered by the insurance policy, and that the insured person must repay to the insurer within one month of the advance or return to the state of residence.

Alternative means of transport

Alternative means of transport with public transport, in order to travel from the originally booked starting point to the originally booked place of destination.

Breakdown

A breakdown means any sudden and unforeseen failure of the insured vehicle caused by an electrical or mechanical defect that makes it impossible to continue the journey, or that means the continued journey is no longer permitted by law. The following are equivalent to a breakdown: tire defect, fuel shortage, vehicle key locked inside the vehicle, or flat battery. Theft, loss or damage of the vehicle key or filling the tank with the wrong fuel do not count as breakdowns.

Business client

The company, the enterprise or the association that has concluded a legal agreement with the issuer pertaining to the issue of cards or for a BTA/TCA, the subsidiary and associated companies affiliated to it, as well as all legal successors.

Card

The charge and/or credit card issued by the issuer.

Cardholder

The holder of a card.

Claims adjuster

The insurer specified in the claims table.

Close relatives

Spouse, registered partner or life partner, children, parents, siblings, parents-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, grandparents, grandchildren and children of registered partner or of life partner.

GCI

The General Terms and Conditions of Insurance applicable to all insurance benefits (Part III).

Insured event

The incident leading to a loss covered by the insurance.

Insured persons

The principal cardholder or additional cardholder of a card, his spouse, registered partner or life partner who cohabits with him, his children and the children of his spouse, of his registered partner or life partner who are entitled to support, up to the age of 25, irrespective of their place of residence or up to three persons who do not fall in the aforementioned category who are travelling with him as companions. If the card is issued to a company (non-personal card), then – insofar as the travel expenses are settled using the card – the insured persons are deemed to be: the employee of the company who is travelling at the behest and on behalf of the company, as well as up to three further persons who are taking part in the trip with the consent and at the expense of the company as companions of the employee of the company.

Insured sum

Level of the maximum financial benefits or compensation entitlement pursuant to the table of benefits per insured event and insured person.

Insured trip

A business trip or private trip, insofar as the means of public transport used by the insured person with the consent of the business client was at least 50% paid for using the card.

Insurer

For all insurance benefits:

AWP P&C S.A., Saint-Ouen (Paris), Wallisellen Branch (Switzerland).

Issuer

Swisscard AECS GmbH, the issuer of the cards and third parties mandated to process card services.

Minimum claim

Claim sum from which insurance protection exists.

Personal baggage/personal luggage

Personal baggage/personal luggage means the items brought or bought during the journey by the insured person for his personal use, that are normally carried on the person of the insured person.

Place of residence or customary place of residence

Place where the insured person mostly stays or stayed in a calendar year.

Principal cardholder

The person to whom the issuer issued a principal card and who may apply for additional cards under their own responsibility and at their own cost.

Public transport

The following officially licensed and scheduled public transport for which payment is required, on land, water or in the air: railway, tram, underground train, elevated railway, omnibus, ship or aircraft licensed for civil aviation, as well as taxis and rental cars, i.e. motor vehicles rented for money.

The following are not considered public transport within the terms of these conditions:

- Rail vehicles in pleasure parks or similar facilities;
- Ski lifts;

- Buses and aircraft operating sightseeing trips/flights (arriving and departing from the same place);
- Aircraft whose owner or lessee is the cardholder;
- Rented (chartered) aircraft (not aircraft providing scheduled flights);
- Spacecraft, aircraft operated by armed forces or aircraft for the operation of which special authorization is required;
- Other means of transport principally used as dwellings, e.g. cruise ships, motorized homes, caravans, house boats, etc.

SCI

The Special Conditions of Insurance which are valid for specified insurance benefits (Part IV).

State of residence

The country in which the insured person has his customary place of residence.

Travel allowance

Compensation sum for travel expenses in conjunction with the insured purpose or for insured benefits.

II. TABLE OF BENEFITS

	Table of benefits Depending on the insured event and insured person	Insured sums in CHF			Geo-graphic scope
		SWISS Miles & More American Express Business Platinum	SWISS Miles & More American Express Business Gold	SWISS Miles & More American Express Business Silver	
		SWISS Miles & More Mastercard World Business Platinum	SWISS Miles & More Mastercard World Business Gold	SWISS Miles & More Mastercard World Business Standard	
IV.) A	Transport Accident Insurance*				
	Occurring on public transport (air, rail, sea, bus, taxi, rental vehicle)				
	Disability: (pro rata, depending on degree of disability)	1,000,000	700,000	500,000	worldwide
	Death: adults and children over the age of 12	1,000,000	700,000	500,000	
IV.) B	Medical expenses when traveling abroad (for insured persons up to the age of 80)				
	Cost of treatment, hospitalization	10,000	x	x	abroad
	Dental treatment	500	x	x	
	Travel expenses for single hospital visit	5,000	x	x	
IV.) C	Cost of repatriation from abroad				
	Repatriation, child repatriation, travel expenses for accompanying insured persons in the case of the repatriation, accompaniment of children under 15 in an emergency	✓	✓	x	abroad
	Transport to hospital, transfer to another hospital, repatriation	✓	✓	x	
	Repatriation of mortal remains or burial abroad	3,000	3,000	x	
IV.) D	Cost of search, rescue and recovery operations				
	• Search, rescue and recovery operations • Transport to nearest hospital	60,000	60,000	60,000	worldwide
IV.) E	Travel Assistance				
	Cost of a replacement driver	Rail 1st class/ Taxi 80/flight (bus. class) from 700 km	Rail 1st class/ Taxi 80/flight (bus. class) from 700 km	x	worldwide
	Repatriation in the case of hospitalization or death of a close relative	2,000	2,000	x	
	Hotel stay (up to 5 days), when ordered by a physician after a period of hospitalization per night	150	150	x	
	Interpreters' fees	✓	✓	x	
IV.) F	Benefits in the event of kidnap				
	Journey extension or curtailment for accompanying travelers in the event of kidnap or travel of a close relative of the kidnapped party to the place of the kidnapping	10,000	x	x	worldwide
IV.) G	Travel Cancellation and Curtailment Insurance*				
	For the cost of travel and/or board/accommodation				
	• Cancellation or curtailment of travel due to death, accident, illness, court summons, etc. • Delayed arrival > 12 hours • Delayed arrival due to vehicle breakdown, accident, strike, bad weather, etc.	15,000	x	x	worldwide

II. TABLE OF BENEFITS (CONTINUED)

	Table of benefits Depending on the insured event and insured person	Insured sums in CHF			Geo- graphic scope
		SWISS Miles & More American Express Business Platinum	SWISS Miles & More American Express Business Gold	SWISS Miles & More American Express Business Silver	
		SWISS Miles & More Mastercard World Business Platinum	SWISS Miles & More Mastercard World Business Gold	SWISS Miles & More Mastercard World Business Standard	
IV.) H	Travel Inconvenience Insurance*				
	Reimbursement of cost of meals, hotel and alternative conveyance with a scheduled airline				
	<ul style="list-style-type: none"> • ACE > 4-hour departure delay • Flight cancellation without alternative, after four hours • Refusal of conveyance without alternative, after four hours • Missed connection without alternative, after four hours 				
	Upon presentation of receipts or as flat-rate benefit	400 150	x 150	x 100	worldwide
	Reimbursement of costs for essential clothing and toiletries in the case of luggage delay of at least six hours				
	Upon presentation of receipts or as flat-rate benefit	2,000 200	700 150	500 x	worldwide on out- bound trip
IV.) I	Luggage Insurance*				
	Personal luggage per insured trip	4,000	1,500	700	worldwide
	Transport costs after recovery of lost luggage	1,000	1,000	500	
IV.) J	Home Assistance				
	Advance for rescue costs	10,000	10,000	x	State of residence
	Hotel costs (for two nights) if home of the insured person is uninhabitable – also valid for seven days after returning home from the insured trip	150 per benefit	150 per benefit	x	
	Cost of a locksmith if keys are lost				
IV.) K	Loss Damage Waiver for Rental Cars*				
	(Loss damage waiver (LDW), collision damage waiver (CDW), theft) for passenger cars, licensed for up to nine people for a rental period of up to 31 days				
	Comprehensive accidental damage insurance	80,000	x	x	worldwide
	Minimum claim	400	x	x	
	Unused rental time due to hospitalization or if the only eligible driver is prescribed bed-rest	40 per day, maximum 500	x	x	
	Cost of returning the vehicle in the case of accident or illness	500 per benefit	x	x	
	Door opening costs/cost of replacing keys				
IV.) L	Vehicle Assistance				
	Breakdown assistance, towing and vehicle recovery	✓	✓	x	EU, EFTA and states bordering the Mediterranean incl. Switzerland
	Repair and towing, shipping of spare vehicle parts, vehicle repatriation or scrapping	✓	✓	x	
	Balance for pickup of the vehicle	100	100	x	
	Storage of vehicle	✓	✓	x	
	Hotel costs during the repair for up to five days; alternatively travel expenses	1,000 100	1,000 100	x	

II. TABLE OF BENEFITS (CONTINUED)

Table of benefits Depending on the insured event and insured person	Insured sums in CHF			Geo- graphic scope
	SWISS Miles & More American Express Business Platinum	SWISS Miles & More American Express Business Gold	SWISS Miles & More American Express Business Silver	
	SWISS Miles & More Mastercard World Business Platinum	SWISS Miles & More Mastercard World Business Gold	SWISS Miles & More Mastercard World Business Standard	
IV.) M Travel information & advances				
Organization and arrangement (without reimbursement costs) of				
Destination information (vaccinations, weather, etc.)	✓	✓	✓	worldwide
• Physician, lawyer referrals, etc. • Procurement of replacements for lost travel documents, incl. replacement tickets • Passing on urgent messages	✓	✓	✓	
Repatriation of accompanying dogs and cats in the case of the insured person's hospitalization	✓	✓	✓	
Search for lost luggage	✓	✓	✓	
Advances				
for physicians' /hospital expenses	15,000 per benefit	15,000 per benefit	15,000 per benefit	worldwide
for lawyers' and interpreters' expenses				
for payment of bail bond				
in the case of loss of cash or travelers cheques				

* These benefits are conditional upon use of the card.

** The benefits are conditional upon use of the card, are optional and require separate registration.

Insurer:



AWP P&C S.A., Saint-Ouen (Paris)
Wallisellen Branch (Switzerland)
Hertistrasse 2, 8304 Wallisellen
phone: +41 44 283 38 39
info@allianz-assistance.ch, allianz-assistance.ch

III. GENERAL TERMS AND CONDITIONS OF INSURANCE AND CUSTOMER INFORMATION (GCI)

1 When does insurance cover commence and when does it terminate?

- 1.1 Insurance cover commences when the cardholder receives the card and is granted to the insured persons if the card relationship between the cardholder and the issuer exists in accordance with the General Terms and Conditions of the issuer. When claims are made, the insurer shall confirm with the issuer that such an arrangement exists.
- 1.2 Insurance cover for certain benefits may be subject to time limits. Please note the details set out in the SCI. In cases where insurance cover is subject to time limits, the day of arrival and the day of departure are each regarded as a single day.
- 1.3 The insurance cover shall end in every case at the end of the card relationship in accordance with the General Terms and Conditions of the issuer.

2 In what circumstances does cover not apply, or only limited cover apply?

2.1 Similar claims

With the exception of death and disability benefit under Transport Accident Insurance or other accident sum insurance, the following applies: If the insured person is entitled to claim from another insurance contract (voluntary or obligatory private or social insurance), the cover provided by the insurer shall be limited to the portion of the insurance benefits that exceed those of the other insurance contract. Costs shall be reimbursed only once in total.

2.2 Third-party benefits

If the Insurer has provided benefits for a claim that was insured by another insurer, these shall be treated as an advance. Repayment of the advance is through assigning the claims of the insured person vis-à-vis the other insurer liable for benefits to the insurer. The assignment shall be performed in place of the payment, and shall have the effect of discharging the obligations of the insured person.

2.3 Exclusions

Apart from the limits and exclusions listed in the SCI and without exception no insurance cover is granted for losses:

- 2.3.1 that are intentionally caused by the insured person;
- 2.3.2 that the Insured person causes by or during the willful exercise of an offense or crime, or the willful attempt to exercise an offense or crime;
- 2.3.3 arising through acts of war or civil war, whether war is openly declared or not;
Entitlement to benefits from Transport Accident Insurance exists, however, if the insured person is taken unaware by such acts of war or civil war while on a trip abroad.
Entitlement to benefits is cancelled at the end of the 14th day after war or civil war commences in the national territory of the state in which the insured person is staying. This extension is not valid for trips to or through states in whose territory war or civil war already prevailed. Nor does it apply to active participation in war or civil war.
- 2.3.4 by nuclear energy;
- 2.3.5 that are directly or indirectly caused or caused in part by incidents with atomic, biological or chemical substances;
- 2.3.6 as a consequence of terrorist attacks, unrest of all kinds, natural catastrophes.
- 2.3.7 Also excluded are costs that would have been incurred if the insured event had not occurred.

3 What is the correct response to an insured incident or event? (Obligations)

The insurer cannot issue a benefit declaration and conse-

quently cannot provide benefits without the cooperation of the insured person.

The following obligations are imposed upon the insured person (in the event of the death of the insured person, the persons who are entitled to the lump sum payable at death are treated as equivalent to the insured person)

3.1 General:

- 3.1.1 to endeavor to the best of his ability to avert and reduce the damage;
- 3.1.2 to inform the insurer without delay, comprehensively and truthfully, providing all details about any circumstance that may lead to benefits being owed by the insurer;
- 3.1.3 to submit to the insurer the documents listed in the claims table (Part V) or to take steps to have these drawn up;
- 3.1.4 to permit the insurer to make reasonable enquiries to ascertain the cause and the scope of benefits payable;
- 3.1.5 to heed instructions issued by the insurer;
- 3.1.6 to authorize third parties (e.g. physicians, other insurers, insurance carriers and authorities) to give information required if necessary;
- 3.1.7 to inform the insurer about the existence of other insurance policies providing cover for an insured event and of any claims made on such policies and indemnities received and of any obligation to effect compensation resting on third parties;

3.2 Depending on the insured benefit in question:

- 3.2.1 to consult a physician immediately after any accident that in all probability will lead to benefits being payable;
- 3.2.2 to follow the physician's instructions;
- 3.2.3 to submit to examinations by physicians acting on behalf of the insurer;
- 3.2.4 to report cases of accidental death within 48 hours even if the accident has already been reported;
- 3.2.5 to furnish the insurer with the right to have an autopsy performed by a physician appointed by the insurer, where appropriate and necessary for the settlement of a claim, after an accident for which death benefit is claimed;
- 3.2.6 to report losses caused by crimes, fire or explosions without delay to the police at the competent police station and receive an authenticated copy of the report;
- 3.2.7 to report losses of luggage to the local police nearest to the place where the loss of luggage occurred within 24 hours after the loss is determined and to inform the travel company or hotel that was holding the luggage immediately and to have this notification confirmed in writing;
- 3.2.8 to take all measures necessary and reasonable to recover lost or stolen objects and to identify, apprehend and prosecute in the courts the guilty party(ies).

4 What are the consequences of non-observance of obligations?

If a breach of the obligations occurs after an insured event, the insured person shall lose the entitlement to the insurance benefit and the insurer shall be entitled to curtail or reject benefits, assuming the insured person did not breach the obligation either willfully or through gross negligence. In cases of gross or willful negligence, the insured person shall retain his entitlement to the insurance benefit provided the breach of the obligations has neither influenced the determination of the insured event nor the assessment of the benefits due.

5 When does a claim for benefits expire?

The statutory limitation period is two years for claims arising out of the insurance contract. The period starts on occurrence of the insured event.

6 Which court is responsible?

- 6.1 The place of jurisdiction for disputes brought by the insured person or the legitimate claimant in conjunction with these insurance terms and conditions may be chosen as follows:
- the registered domicile of the Swiss branch office of the insurer;
 - with jurisdiction at the residence or domicile of the insured person and/or legitimate claimant under civil law in Switzerland.
- 6.2 The place of jurisdiction for claims brought by the insurer is the place of residence of the insured person pursuant to civil law.
- 6.3 Mandatory place of jurisdiction provisions remain reserved in all cases.

7 How should the insurer be informed?

What applies when a change of address occurs?

- 7.1 All notifications or declarations intended for the insurer must be made in writing (e.g. letter, fax, email). They must be sent to the contact address of the insurer specified on page 7.
- 7.2 If neither the insurer nor the issuer has been notified of a change of address, it shall be sufficient on their part to send a declaration of intent by registered letter to the last address known to the insurer and/or issuer, which shall be given to the insured person. The declaration becomes effective on the date it would have been delivered under normal conditions if the address had not been changed.

8 What applies in the event of amendments of the insurance terms and conditions?

Amendments of these terms and conditions and of the insurance sums may be agreed by the insurer and by the issuer (as the policyholder). These shall be reported to the principal cardholder in good time and in a suitable manner. They shall be deemed to have been approved by him, insofar as the card is not terminated before the amendment comes into force.

No obligation to inform the principal cardholder shall exist in respect of amendments of the terms and conditions that do not have a detrimental effect on the insured parties.

9 Which legal system is applicable?

This contract is governed by Swiss law. The provisions of the Swiss Insurance Contract Act [Bundesgesetz über den Versicherungsvertrag – ("VVG")] remain reserved, insofar as its non-mandatory regulations have not been amended in these GCI.

10 Ombudsman for private insurance and Suva

The ombudsman for private insurance and Suva is available to insured persons as a neutral arbitrator. The ombudsman is only competent to advise and mediate and can therefore make no decision in litigation. This is reserved for the law courts.

Contact address in German-speaking Switzerland (head office):

P.O. Box 2646, CH-8022 Zurich
Tel.: +41 44 211 30 90, Fax: +41 44 212 52 20
Email: help@versicherungsombudsman.ch

Branch in French-speaking Switzerland:

Chemin Des Trois-Rois 2
Case postale 5843
CH-1002 Lausanne
Tel.: +41 21 317 52 71, Fax: +41 21 317 52 70
Email: help@ombudsman-assurance.ch

Branch in Italian-speaking Switzerland:

Via G. Pocobelli 8, P.O. Box
CH-6903 Lugano
Tel.: +41 91 967 17 83, Fax: +41 91 966 72 52
Email: help@ombudsman-assicurazione.ch

11 How does the insurer handle personal data?

The insurer has the right to procure and process essential data from involved third parties (e.g. the issuer). The insurer shall also be authorized to procure all pertinent information necessary from such third parties and to inspect official files as required to administer the contract and to process claims. The insurer shall undertake to treat all such information confidentially. Data will be stored physically and/or electronically. If required, data shall be passed on to third parties, namely to co-insurers or reinsurers and to other involved insurers, to service providers, the issuer as well as the insurers in Switzerland and abroad. In addition, information may be passed on to other liable third parties and their liability insurers to assist in the enforcement of claims for recourse.

The insurer is authorized to inform third parties (specifically the responsible authorities, official agencies and the issuer), to whom insurance was confirmed of the suspension, alteration or cessation of the insurance, and of the refusal to pay a claim.

IV. SPECIAL CONDITIONS OF INSURANCE (SCI)

IV.) A Transport Accident Insurance

1 What is insured and when does cover apply?

1.1 Scope of the insurance cover

Insured persons shall be covered for accidents that occur while using public transport in accordance with the following provisions, provided that the tickets for the use of the public transport were at least 50% paid for with the card.

The insurance cover:

- exists from the point of embarking to the point of disembarking from public transport and for collisions in which public transport is involved;
- commences at the point of departure stated on the ticket issued by the public transport, and terminates at the final destination (including transfers) designated therein;
- insurance cover exists for the purpose of starting or ending a journey paid for with the card as a passenger in public transport on a direct and uninterrupted route to and from an airport, seaport or railway station, irrespective of whether the use of this public transport was paid for with this card.

2 What benefit types are provided?

2.1 Disability benefits

2.1.1 Conditions of eligibility for the benefit:

If, as the result of an accident, a probable irreversible disability (permanent impairment of physical or mental capacity) occurs within 5 years.

If, as a result of injury sustained in the accident, the insured person dies within one year of the date of the accident, there shall be no entitlement to disability benefits. In such event, the death benefit described in A 2.2 shall apply.

2.1.2 Nature and level of benefit:

Disability benefit shall be paid out as a capital sum.

The benefit shall be calculated on the basis of the insured sums as indicated in the table of benefits and the degree of disability caused by the accident.

The following degrees of disability shall apply exclusively in the event of the loss or total functional impairment of the parts of the body or sensory organs indicated below:

• Arm	70%
• Arm to above the elbow joint	65%
• Arm to below the elbow joint	60%
• Hand	55%
• Thumb	20%
• Index finger	10%
• Other finger	5%
• Leg	
– above the middle of the upper leg	70%
– to the middle of the upper leg	60%
– to below the knee	50%
– to the middle of the lower leg	45%
• Foot	40%
• Big toe	5%
• Other toes	2%
• Eye	50%
• Hearing in one ear	30%
• Sense of smell	10%
• Sense of taste	5%

In the event of partial loss or partial functional impairment, the corresponding proportion shall be determined on the basis of the applicable percentage as shown above.

For any other parts of the body or sensory organs, the degree of disability shall be measured by the extent of overall impairment to normal physical or mental functioning. Such calculation shall be based solely on medical factors; no account shall be taken of the insured person's earning capacity (occupation or business activity) or any actual reduction in income.

If physical or sensory organs or their functions were already wholly or partially lost or impaired, or if they were already incapable of movement or function before the accident, then when determining the degree of disability (and not when calculating the disability capital) the already existing degree of disability determined in accordance with the above principles shall be deducted.

If the accident results in the impairment of several physical or sensory functions, the degrees of disability calculated in accordance with the foregoing provisions shall be added together. More than 100 percent is not considered, however.

The degree of disability shall initially be assessed on the basis of any condition of the insured person deemed likely to be permanent, but within five years of the accident at the latest. If the death of the insured person occurs within one year of the accident for a reason unrelated to the accident, or more than one year of the accident irrespective of the cause, and if an entitlement to disability benefit had been established, the insurer shall provide the benefit in accordance with the degree of disability that would have been expected on the basis of the medical diagnosis.

2.1.3 Rendering the disability benefit

- The insurer shall assume payment of the medical fees incurred by the insured person on which basis a claim is made only if the insurer has requested the medical examination.

- Once it is established in principle that disability benefits are payable, the insurer shall at the request of the insured person make reasonable advances.

- Both the insured person and the insurer shall be entitled to have the degree of disability determined by a physician annually, however, not later than five years after the accident.

- This entitlement must be exercised by the insurer together with his declaration of his obligation to provide the benefit, and by the insured person at the latest three months before the expiry of the deadline.

- Disability benefits shall be paid out as soon as the degree of permanent disability has definitively been medically determined, at the latest 5 ½ years after the day on which the accident occurred.

- If the insurer recognizes the claim or comes to an agreement with the insured person about the basis for payments and the amount to be paid, benefits shall be paid within two weeks if this is permitted by the local regulations of the country of residence.

- This obligation is regarded as having been fulfilled on the date the insurer transfers the sum involved.

- If official enquiries or criminal proceedings have been initiated against the insured person in connection with an insured event, the insurer can postpone payment until a final decision is made in these proceedings.

- The insurer shall pay benefits directly to the insured person or, in case of death, to the heirs.

2.2 Death benefits

If the insured person dies within one year as a result of the accident, the insured sum shown in the table of benefits shall be paid.

2.3 Cumulated maximum compensation

If several insured persons are injured or killed by one and the same accident incident, then in the case of disability bene-

fits pursuant to A 2.1 the cumulated maximum compensation of CHF 24,000,000, and in the case of death benefits pursuant to A 2.2 of CHF 12,000,000 shall apply as the collective maximum insurance sum within the context of all cards issued by the issuer to insured persons. The insurance sums agreed for the individual persons shall be reduced to the same extent, i.e. the insurance sum to be paid out per insured person shall be multiplied by the factor resulting from the division of the aforementioned cumulated total compensation by the total insurance sum of all persons who suffered the accident.

2.4 **What is the effect of illness or infirmity?**

The insurer shall pay out benefits only in respect of the consequences of an accident. If any illness or infirmity has contributed to the injury caused by the accident or the effects thereof, the benefits payable shall be reduced in proportion to the contributing factor of such illness or infirmity. However, no deduction shall be made where the contributing factor is less than 25 per cent.

3 In which circumstances will cover not apply?

In addition to the exclusions pursuant to 2.3 GCI, insurance cover shall not be provided for:

3.1 **Accidents suffered by the insured person as a result of mental disorders or impairment of consciousness (including disorders or impairments caused by ingesting drugs, medicines or alcohol) and by strokes, epileptic fits or other types of fit or convulsion seizing the insured person's whole body.**

However, insurance cover shall apply:

- to disorders or fits caused by an accident covered by this policy;
- to accidents caused by impairment of consciousness due to drunkenness; but where the accident occurred behind the steering wheel of a motor vehicle, cover shall only apply if the blood/alcohol concentration at the time of the accident was below the alcohol level defined as legal in the jurisdiction in which the accident occurred.

3.2 **Accidents suffered by the insured person:**

- as the pilot of an aircraft (including sports aircraft), for which a pilot's license is required under Swiss law, or as any other crew member of an aircraft;
- while using spacecraft;
- as the driver or crew member of a means of public transport.

3.3 **Injuries or health impairment caused to/by:**

- Vertebral discs as well as bleeding from internal organs and cerebral hemorrhaging; however, insurance cover shall continue to apply if an accident event covered under this Transport Accident Insurance, as defined in A 1.2, is the predominant cause.
- Ionizing radiation;
- Infections; these are excluded even if they were caused by insect stings or bites or by other minor skin or mucous membrane injuries, through which pathogens passed into the body immediately or subsequently. The following are excluded: rabies and tetanus as well as infections where the pathogen passes into the body through accident injuries.

3.4 **Poisoning caused by the oral consumption of solid or liquid substances.**

3.5 **Pathological disorders resulting from psychological reactions, even if these were caused by an accident.**

3.6 **Abdominal or lower abdominal ruptures; however, cover shall continue to apply where these are caused by a violent act and external influence falling within the scope of this Transport Accident Insurance.**

Insurance cover is provided for unforeseen costs that the insured person incurs as a consequence of an acute illness or accident that occurs during an insured trip abroad.

2 What preconditions apply if benefits are provided?

The provision of assistance services and the reimbursement of the associated costs are subject to the insured person or a person appointed by him having contacted the insurer, in order to coordinate the next steps and approve any costs in advance.

3 What benefits and services are available?

The following benefits shall be rendered up to the limit specified in the table of insurance benefits:

3.1 **Cost of medical treatment**

Medical expenses in connection with treatments conducted by a recognized medical professional which serve to treat or alleviate an acute illness or serious injury on an emergency basis, and expenses incurred for pain-relieving dental treatment are reimbursed.

3.2 **Hospitalization**

In the event of hospitalization: guaranteed assumption of hospital costs.

3.3 **Single patient visit**

Organization of return trip by a close relative of the insured person to the hospital where the insured person is staying, as well as assumption of the driving or flight costs for this person to the hospital and back, provided the insured person is hospitalized for a period of more than seven days. The cost of accommodation (mid-priced hotel) and sustenance (excluding alcoholic drinks) shall be covered for up to 10 nights.

This benefit is payable once only per insured event up to the insured sum specified in the table of benefits, even if the insured person is admitted to a hospital on several occasions.

4 In what circumstances will cover not apply? (Exclusions)

In addition to the exclusions pursuant to 2.3 GCI, insurance cover shall not be granted:

4.1 **for previously existing illnesses, i.e. for all physical or mental illnesses that already existed before the journey was undertaken, such as for example:**

- for a condition for which the insured person is on an inpatient treatment waiting list;
- for a condition for which the insured person has been referred to a specialist;
- for a condition for which the insured person has received inpatient treatment within six months prior to embarking on the journey;
- for a condition for which a physician has delivered a prognosis of "incurable" and/or "chronic";

4.2 **for all psychological illnesses as well as fear of flying or other travel phobias;**

4.3 **for pregnancy during the final eight weeks before the estimated date of birth;**

4.4 **for persons who have reached the age of 80;**

4.5 **for loss and/or damage caused by gross negligence on the part of the insured person; or if the insured person has attempted to mislead the insurer deliberately;**

4.6 **for loss and/or damage that occurs during the insured person's activity as a professional, contracted or licensed sports-person;**

4.7 **for loss and/or damage that occurs while the insured person is engaged in an extreme sport. Extreme sport means sports that the insured person undertakes as a wager within the meaning of the Swiss Accident Prevention Act [Bundesgesetz über die Unfallversicherung ("UVG")], i.e. performs acts that ex-**

IV.) B Medical expenses when traveling abroad

1 What is covered when and where?

- pose the insured person to a particularly large risk, without taking or being able to take safety precautions that limit the risk to a reasonable level. Extreme sport within the meaning of these GCI also includes skiing and snowboarding trips outside regular pistes without a professional guide (mountain guide, skiing instructor);
- 4.8 for loss and/or damage that occurs during the insured person's activity as or preparation for:
 - racing (where high speed, stamina and skill are called for);
 - stress tests;
 - any kind of organized competition;
 - 4.9 in the case of suicide, self-mutilation, alcohol, drug or solvent abuse of the insured person, or cases in which the insured person is under the influence of alcohol or drugs, for phobias, stress, emotional problems and illnesses;
 - 4.10 injury, illness, death, loss, costs or any other liabilities that can be ascribed to HIV and/or HIV-related diseases, including AIDS and/or any other related illnesses or variants thereof, however caused;
 - 4.11 for costs incurred for medical resources (e.g. inserts, spectacles, sanitary items, radiation machines, thermometers, etc.), medical notes, expert opinions, prophylactic vaccines, and cosmetic surgery;
 - 4.12 for treatment or hospitalization required due to a lingering illness, need for nursing care or secure accommodation;
 - 4.13 for treatments at a health spa and sanatorium, and rehabilitation programs;
 - 4.14 for outpatient medical treatment in a spa or spa town; the restriction is not applicable if the medical treatment is necessary on account of an accident suffered at this location; in the case of illnesses, it is not applicable if the insured person was visiting the spa or spa town only briefly and not for spa purposes;
 - 4.15 for detoxification measures, including withdrawal measures;
 - 4.16 for pregnancy checks and treatment during pregnancy, childbirth, and abortions, insofar as the aforementioned were not necessary as a result of a sudden and acute deterioration in the health of the mother or the unborn child;
 - 4.17 for treatments by spouses, registered partners or life partners, parents or children; documented material expenses shall be reimbursed;
 - 4.18 for psychoanalytic and psychotherapeutic treatments;
 - 4.19 for expenses incurred through treatments that are not generally recognized either in the country of residence or at the location;
 - 4.20 for curative treatment or other health programs which go beyond what is medically necessary. In this case, the insurer may reduce its benefits as appropriate;
 - 4.21 for the costs of a rescue operation at sea or an emergency transfer from ship to shore.

IV.) C Repatriation from abroad

1 What is covered when and where?

Insurance cover is provided for the organization and expense of the below-listed repatriation services, if the insured person unexpectedly falls ill, suffers an accident or dies while traveling abroad.

2 What preconditions apply if benefits are provided?

The provision of assistance services and the reimbursement of the associated costs are subject to the insured person or a person appointed by him after the insured event occurs, or as soon as he is physically able to do this, having contacted the insurer in order to coordinate the next steps and approve any costs in advance.

3 What benefits and services are available?

The following benefits shall be rendered up to the limit specified in the table of insurance benefits:

3.1 Repatriation with ambulance/aircraft

Organization of and payment for medically essential repatriations of the insured person by ambulance or aircraft, as ordered by a physician. The senior medical officer of the insurer together with the physician in charge shall decide on the necessity of the transfer and whether the insured person needs to be transported by road or air.

In the case of an accident or illness in a non-European country or in neighboring Mediterranean states outside Europe, the insurance will only pay for the cost of a scheduled flight home for the repatriation, albeit with any special medical equipment, should this be necessary.

3.2 Repatriation using normal means of transport

Organization of and payment for the repatriation of the insured person after medical treatment, provided that the senior medical officer of the insurer deems the insured person fit to travel and he is unable to return home via the originally planned means of transport because the original date of travel has elapsed and, from a medical perspective, he was not able to travel at that time.

3.3 Repatriation of children

Organization of and payment for the outward and return journeys of a close relative of the insured person domiciled in the country of residence of the insured person to accompany a child aged under 15, where said child is listed on the insurance policy, if the child is alone abroad and the insured person is physically unable to look after the child. If the insured person is unable to nominate someone, the insurer shall appoint a suitable person.

3.4 Relocation to another hospital

Transfer of the insured person to the nearest appropriately equipped hospital if the senior medical officer of the insurer is of the opinion that the standard of medical equipment at the local hospital is inadequate.

3.5 Repatriation to a hospital at the place of residence

Repatriation of the insured person from abroad to the nearest suitable hospital to the usual place of residence of the insured person, insofar as the senior medical officer of the insurer deems this to be necessary.

3.6 Insurance benefits in the event of death

3.6.1 Repatriation of the mortal remains

Transport, organization and assumption of the cost of the standard repatriation of the mortal remains of the insured person to the country of residence or cremation and subsequent transport of the urn to the country of residence.

3.6.2 Burial abroad

Insofar as possible, organization and assumption of the cost of burial abroad, insofar as the insured person dies during an insured trip.

4 In what circumstances will cover not apply? (Exclusions)

In addition to the exclusions pursuant to 2.3 GCI, insurance cover shall not be granted:

- 4.1 for previously existing illnesses, i.e. for all physical or mental illnesses that already existed before the journey was undertaken, such as for example:
 - for a condition for which the insured person is on an inpatient treatment waiting list;
 - for a condition for which the insured person has been referred to a specialist;
 - for a condition for which the insured person has received inpatient treatment within six months prior to embarking on the journey;
 - a condition for which a physician has delivered a prognosis of "incurable" and/or "chronic";

- 4.2 for all psychological illnesses as well as fear of flying or other travel phobias;
 - 4.3 for pregnancy during the final eight weeks before the estimated date of birth;
 - 4.4 for persons who have reached the age of 80;
 - 4.5 **for loss and/or damage caused by gross negligence on the part of the insured person;** or if the insured person has attempted to mislead the insurer deliberately;
 - 4.6 for loss and/or damage that occurs during the insured person's activity as a professional, contracted or licensed sportsperson;
 - 4.7 for loss and/or damage that occurs while the insured person is engaged in an extreme sport. Extreme sport means sports that the insured person undertakes as a wage within the meaning of the Swiss Accident Prevention Act (Bundesgesetz über die Unfallversicherung ("UVG")), i.e. performs acts that expose the insured person to a particularly large risk, without taking or being able to take safety precautions that limit the risk to a reasonable level. Extreme sport within the meaning of these GCI also includes skiing and snowboarding trips outside regular pistes without a professional guide (mountain guide, skiing instructor);
 - 4.8 for loss and/or damage that occurs during the insured person's activity as or preparation for:
 - racing (where high speed, stamina and skill are called for);
 - stress tests;
 - any kind of organized competition;
 - 4.9 in the case of suicide, self-mutilation, alcohol, drug or solvent abuse of the insured person, or cases in which the insured person is under the influence of alcohol or drugs, for phobias, stress, emotional problems and illnesses;
 - 4.10 injury, illness, death, loss, costs or any other liabilities that can be ascribed to HIV and/or HIV-related diseases, including AIDS and/ or any other related illnesses or variants thereof, however caused;
 - 4.16 for pregnancy checks and treatment during pregnancy, childbirth, and abortions, insofar as the aforementioned were not necessary as a result of a sudden and acute deterioration in the health of the mother or the unborn child;
 - 4.12 for the costs of a rescue operation at sea or an emergency transfer from ship to shore.
- for a condition for which the insured person has been referred to a specialist;
 - for a condition for which the insured person has received inpatient treatment within six months prior to embarking on the journey;
 - for a condition for which a physician has delivered a prognosis of "incurable" and/or "chronic";
- 3.2 for all psychological illnesses as well as fear of flying or other travel phobias;
 - 3.3 for pregnancy during the final eight weeks before the estimated date of birth;
 - 3.4 injury, illness, death, loss, costs or any other liabilities that can be ascribed to HIV and/or HIV-related diseases, including AIDS and/or any other related illnesses or variants thereof, however caused;
 - 3.5 accidents suffered by the insured person as a result of mental disorders or impairment of consciousness (including disorders or impairments caused by ingesting drugs, medicines or alcohol), although excluding strokes, epileptic fits or other types of fit or convulsion affecting the insured person's whole body;
 - 3.6 accidents suffered by the insured person:
 - as the pilot of an aircraft (including sports aircraft), for which a pilot's license is required under Swiss law, or as any other crew member of an aircraft; when exercising a professional activity that involves an aircraft;
 - while using spacecraft;
 - as the driver or crew member of a means of public transport;
 - 3.7 in the event of poisoning caused by the oral consumption of solid or liquid substances;
 - 3.8 for the costs of a rescue operation at sea or an emergency transfer from ship to shore.

IV.) D Cost of search, rescue and recovery operations

- 1 What is covered when and where?**
Insurance cover is provided for the cost of unforeseen search, rescue and recovery measures that the insured person incurs on account of an illness or accident or in the event of death during an insured trip.
- 2 What benefits and services are available?**
Assumption of the costs incurred by the insured person, up to the limit specified in the table of insurance benefits, for:
 - 2.1 **Search, rescue and recovery operations** (even if an accident is only presumed to have happened) carried out by public or private search and rescue services insofar as the latter generally charge for their services.
 - 2.2 **Transport of a patient** to the nearest appropriate hospital for the treatment in question and, if medically prescribed, transport back to his accommodation.
- 3 In what circumstances will cover not apply? (Exclusions)**
In addition to the exclusions pursuant to 2.3 GCI, insurance cover shall not be granted:
 - 3.1 for previously existing illnesses, i.e. for all physical or mental illnesses that already existed before the journey was undertaken, such as for example:
 - for a condition for which the insured person is on an inpatient treatment waiting list;

IV.) E Travel Assistance

- 1 What is covered when and where?**
Insurance cover is provided for the organization and cost of the below-listed travel assistance, if the insured person requires assistance on account of the occurrence of an acute illness or an accident during or in conjunction with an insured trip.
- 2 What preconditions apply if benefits are provided?**
The provision of assistance services and the reimbursement of the associated costs are subject to the insured person or a person appointed by him after the insured event occurs, or as soon as he is physically able to do this, having contacted the insurer in order to coordinate the next steps and approve any costs in advance.
- 3 What benefits and services are available?**
The following benefits shall be rendered up to the limit specified in the table of insurance benefits:
 - 3.1 **Assumption of costs for a substitute driver**
Organization of and payment for the outward journey of a replacement driver in cases where the insured person is the driver of a passenger vehicle, minibus, small transporter or mobile home or motorbike with an engine bigger than 125 cm³ as well as associated trailers abroad or 30 km from the normal place of residence and, due to hospitalization lasting more than three days or death, is no longer able to drive the vehicle home himself and no other travel companion is in a position to do so either.
The insured person must bear the cost of any motorway toll charges, as well as the cost of all fuel and lubricants.
 - 3.2 **Curtailement of journey**
Arrangement of and payment for the cost of the home journey of the insured person, to visit a close relative, if a journey has to be curtailed due to the death or hospitalization of a close relative lasting more than ten days.

- 3.3 **Hotel stay ordered by a physician**
Payment of additional costs incurred in connection with a stay at a hotel ordered by a physician following a period of hospitalization, up to the amount stated in the table of insurance benefits per night and per insured person, but not exceeding five nights.
- 3.4 **Interpretation fees**
Interpretation fees that become necessary in this conjunction shall be covered by the insurer.
- 4 **In what circumstances will cover not apply? (Exclusions)**
In addition to the exclusions pursuant to 2.3 GCI, insurance cover shall not be granted:
- 4.1 for previously existing illnesses, i.e. for all physical or mental illnesses that already existed before the journey was undertaken, such as for example:
- for a condition for which the insured person is on an inpatient treatment waiting list;
 - for a condition for which the insured person has been referred to a specialist;
 - for a condition for which the insured person has received inpatient treatment within six months of embarking on the journey;
 - for a condition for which a physician has delivered a prognosis of "incurable" and/or "chronic";
- 4.2 for all psychological illnesses as well as fear of flying or other travel phobias;
- 4.3 for pregnancy during the final 8 weeks before the estimated date of birth;
- 4.4 for persons who have reached the age of 80;
- 4.5 for loss and/or damage caused by gross negligence on the part of the insured person; or if the insured person has attempted to deceive the insurer;
- 4.6 for loss and/or damage that occurs during the insured person's activity as a professional, contracted or licensed sportsperson;
- 4.7 for loss and/or damage that occurs while the insured person is engaged in an extreme sport. Extreme sport means sports that the insured person undertakes as a wager within the meaning of the Swiss Accident Prevention Act [Bundesgesetz über die Unfallversicherung ("UVG")], i.e. performs acts that expose the insured person to a particularly large risk, without taking or being able to take safety precautions that limit the risk to a reasonable level. Extreme sport within the meaning of these GCI also includes skiing and snowboarding trips outside regular pistes without a professional guide (mountain guide, skiing instructor);
- 4.8 for loss and/or damage that occurs during the insured person's activity as or preparation for:
- racing (where high speed, stamina and skill are called for);
 - stress tests;
 - any kind of organized competition;
- 4.9 in the case of suicide, self-mutilation, alcohol, drug or solvent abuse of the insured person, or cases in which the insured person is under the influence of alcohol or drugs, for phobias, stress, emotional problems and illnesses;
- 4.10 injury, illness, death, loss, costs or any other liabilities that can be ascribed to HIV and/or HIV-related diseases, including AIDS and/or any other related illnesses or variants thereof, however caused;
- 4.11 for the costs of a rescue operation at sea or an emergency transfer from ship to shore.

IV.) F Benefits in the event of kidnap

- 1 **When and where does cover apply?**
Insurance cover is provided for costs incurred if the insured person is kidnapped during the insured trip.

- 2 **What benefits and services are available?**
The insurer may choose to provide one of the following insurance benefits up to the limit specified in the table of insurance benefits:
- 2.1 **Journey extension or curtailment for fellow travelers in the event of kidnap**
Reimbursement of the cost of a necessary, extended stay at the location, or the premature return home of the people traveling with the insured person.
- 2.2 **Travel of a close relative to the place of the kidnapping**
Reimbursement of the travel expenses of close relatives of the insured person to the place of the kidnapping. The entitlement to benefits exists only for the first journey, irrespective of the duration and circumstances of the kidnap.
- 3 **In what circumstances will cover not apply? (Exclusions)**
In addition to the exclusions pursuant to 2.3 GCI, insurance cover shall not be provided for:
- 3.1 **insured events caused by gross negligence on the part of the insured person;** or if the insured person has attempted to deceive the insurer.

IV.) G Travel Cancellation and Curtailment Insurance

- 1 **What is covered when and where?**
Insurance cover is provided in respect of costs associated with travel benefits in accordance with the following provisions, provided that 50% of the journey was paid for using the card. The precondition is that the insured person is affected by one of the following unforeseen events:
- 1.1 **Cancellation or curtailment of travel due to:**
- death, serious accident, sudden and unexpected onset of a serious illness, complications in the pregnancy of the insured person or a person with whom the insured person intends to travel, provided the latter is named in the travel confirmation documents;
 - complications in the pregnancy of the spouse, registered partner or life partner of the insured person;
 - death, serious accident, sudden and unexpected onset of a serious illness of a close relative of the insured person;
 - death, serious accident, sudden and unexpected onset of a serious illness of a person with whom the insured person was intending to stay during the journey, insofar as a suitable alternative cannot be found;
 - loss of permanent employment of the insured person, insofar as the latter can claim Swiss unemployment benefit or equivalent benefit in the country of residence of the insured person;
 - an unexpected notice issued by the Federal Department of Foreign Affairs (FDFA) or a similar institution in the country of residence of the insured person warning against traveling to the country in which the insured person had intended to journey;
 - allergic reaction of the insured person to vaccines or prophylactics;
 - an unexpected requirement of the insured person to appear before an ordinary court as a witness or member of the jury (not, however, in a professional or advisory capacity);
 - serious damage to the home or habitual place of business of the insured person caused by theft, flooding, fire and natural disasters, or if the police demand the premature return of the insured person to his place of residence or place of business in conjunction with such events.
- 1.2 **Delayed departure**
Ship or train on which the insured person is traveling is unexpectedly delayed by more than 12 hours.
- 1.3 **Missed departure**
The insured person misses his flight, ship or train on the out-

bound journey due to:

- unforeseen breakdown or unforeseen accident involving the passenger car used for the outbound journey;
- unforeseen cancellation or unforeseen restriction of scheduled public transport services due to:
 - bad weather,
 - strikes or labor disputes,
 - machinery breakdown or accident,

insofar as this was not known to the insured person before the journey was commenced.

2 What benefits and services are available?

The following benefits shall be rendered up to the limit specified in the table of insurance benefits:

2.1 In the event of cancellation as per G 1.1

The costs incurred by the insured person in non-commencing/cancelling travel arrangements, i.e. the costs the insured person is obliged to pay by way of contract for cancelling a booked journey.

2.2 In the event of travel curtailment pursuant to G 1.1, late departure pursuant to G 1.2 or missed departure pursuant to G 1.3

The costs that can be proven to have been incurred by the insured person when cancelling travel and/or hotel arrangements, i.e. the costs the insured person is obliged to pay by way of contract for cancelling a booked journey and/or accommodation. Calculation of the indemnification payable is based on the total cost of the journey, minus any services/benefits already used. The remaining costs will be reimbursed proportionately in the ratio of unused days to the total number of days of travel. The total cost of the journey is the price contractually agreed for the insured person's travel and accommodation, including rental cars and other services and benefits contained in the price. In addition to foregone travel and/or accommodation services/benefits, costs for rebooking the travel may also be refunded.

2.3 In the event of missed departure pursuant to G 1.3

In addition to the benefits specified under G 2.2, the Insurer shall provide the following benefits if the insured person misses his outbound journey for the insured trip booked in advance:

- 2.3.1 Notification of the transport company and/or tour company about the delayed arrival of the insured person;
- 2.3.2 Organization and assumption of the cost of alternative and additional travel options and hotel stays (although not exceeding the level of costs that would have been incurred if the booked travel destination had been reached using the most direct route).

3 In what circumstances will cover not apply? (Exclusions)

In addition to the exclusions pursuant to 2.3 GCI, there shall be no insurance cover for the following insured events or incidents:

- 3.1 **insured events caused by gross negligence on the part of the insured person;** or if the insured person has attempted to deceive the insurer **(for all benefits).**
- 3.2 **The following cases or situations are excluded in the case of travel cancellation and travel curtailment:**
 - cancellation or curtailment brought about by a pregnancy within a period of eight weeks before the estimated date of birth, insofar as the pregnancy was known at the time of the booking of the trip;
 - if an illness or the consequences of an accident, an operation, or a medical intervention already existed at the time the trip was booked, if the insured person is under medical treatment and the illness is not healed by the travel date. The exclusion mentioned above shall not apply, however, if

an accredited physician attests in writing that the insured person is fit to travel within 30 days prior to the booking of the journey. If an insured event occurs, the insured person must be able to present this attestation to the insurer;

- additional costs arising out of the booking agency or travel company not being notified immediately of the plans to cancel or curtail the travel arrangements;
- withdrawal or curtailment due to booking travel to or within a country for which the Swiss Department of Foreign Affairs or a similar institution in the country of residence of the insured person issued a warning prior to the booking of the travel;
- restrictive laws or actions enforced by the government of any country;
- any claim arising out of the insured person not being able to embark on the journey because of failure to obtain a valid passport or visa in time.

3.3 In the case of late and missed departures, insured cover does not extend to:

- insured events arising out of strikes or labor disputes, which began on or were announced for a date prior to the commencement of the travel;
- insured events arising out of an aircraft, ship or railway train on which the insured person had booked a trip being taken out of service on the instruction or recommendation of an official body in any country. In this case, the insured person shall direct any claims for compensation to the relevant transportation company;
- insured events arising out of the non-provision of services or transport (whether it be due to error, insolvency, omission, delay or any other reason) by the travel organizer for any part of the booked journey, with the exception of events that are expressly listed as insured;
- insured events arising out of the insured person failing to do his utmost to ensure that he checks in at the specified time;
- insured events arising out of the insured person refusing the offer of comparable, alternative conveyance.

IV.) H Travel Inconvenience Insurance

1 What is covered when and where?

Insurance cover exists for costs that the insured person incurs for scheduled flights due to flight delay or the delayed arrival of baggage.

The term "scheduled flight" within the context of these terms and conditions means flights subject to public tariffs and regular flight plans.

Insurance cover is subject to the condition that at least 50% of the scheduled flight ticket was bought using the card.

2 Which benefits are provided in which cases?

2.1 Flight delay

2.1.1 Insured events

the departure of a booked flight is delayed by more than four hours, because:

- the flight is cancelled or conveyance is refused due to over-booking, and suitable alternative conveyance is not provided within four hours;
- the insured person misses a booked connecting flight due to a flight delay and suitable alternative conveyance is not provided within four hours of the delayed flight arriving.

2.1.2 Insured benefits

The following benefits shall be rendered up to the limit specified in the table of insurance benefits:

- Reimbursement of the cost of sustenance (food and drinks) and hotel accommodation incurred during the period between the planned and the actual flight departure;

– Reimbursement of the cost of alternative transportation. In the absence of proof/receipts for the costs, the maximum sum paid out shall be the flat-rate compensation sum set out in the table of insurance benefits.

2.2 Lost/delayed luggage

2.2.1 Insured events

Cover applies if the luggage is not returned within six hours of the arrival of the insured person.

2.2.2 Insured benefits

Compensation shall be provided for the cost of necessary clothing and hygiene articles, up to the sum specified in the table of insurance benefits.

The precondition is that these are bought at the place of destination:

- within four days of the arrival of the insured person and,
- in the case of a delay in the return of luggage, prior to the arrival of the luggage.

In the absence of proof/receipts for the costs, the maximum sum paid out shall be the flat-rate compensation sum set out in the table of insurance benefits.

3 In what circumstances will cover not apply? (Exclusions)

In addition to the exclusions pursuant to 2.3 GCI, insurance cover shall not be provided for:

- for claims caused by confiscation or requisition by customs officials or other government authorities;
- if the insured person voluntarily waives a flight, in return for compensation from the airline;
- costs that are incurred following the flight home to the destination airport or place of destination;
- costs incurred, insofar as the insured person:
 - did not without delay notify the airline or competent agency at the place of destination immediately of the lost luggage;
 - did not obtain a loss report from the airline or competent agency at the place of destination, and did not take all necessary and reasonable measures to get the luggage back as quickly as possible.

IV.) I Luggage Insurance

1 What is covered when and where?

If, during the course of the trip that was at least 50% paid for with the card, the personal luggage of the insured person is:

- lost, i.e. cannot be found, is stolen or robbed;
- damaged; or
- destroyed;

the compensation listed below shall be paid to the insured person.

2 What benefits and services are available?

2.1 Cost of replacement

Reimbursement of the replacement cost of the new value of the insured luggage of the insured person, up to the level of the sum specified in the table of insured benefits, less a percentage for wear and any possible third-party benefits.

2.2 Transport costs for relocated luggage

If lost or stolen luggage belonging to the insured person is relocated, the costs of transporting the luggage back to the place of residence of the insured person are reimbursed up to the amount stated in the table of insurance benefits, insofar as these expenses are not borne by the transportation company itself.

- #### 2.3
- If stolen or robbed property is returned to the insured person after they have been reimbursed by the insurer, the insured person may elect either to repay the reimbursed sum or to hand over the property to the insurer. The insurer may require the insured person to make the decision within two weeks. Once this period has elapsed, the insurer made decide.

3 In what circumstances does cover not apply, or only limited cover apply? (Exclusions)

In addition to the exclusions pursuant to 2.3 GCI, insurance cover shall not be provided for claims:

- caused by failure on the part of the insured person to take ordinary precautions to secure his personal luggage and property; for instance if left in an area accessible to the public, where the item is not in the direct care of the insured person;
- caused by leaving, parting with or dropping luggage;
- with regard to spectacles, contact lenses, all kinds of prostheses, securities, debentures, bonds, cash, travelers cheques, stamps, documents of any kind, animals, musical instruments, glass, china, antiques, merchandise used for trade fairs and exhibitions, pictures, sports equipment while in use, bicycles, hearing aids, trade samples or merchandise and items which are used for trade or other business activities, television sets, vehicles or related apparatus, boats and/or auxiliary equipment;
- caused to objects loaned or entrusted to or rented by the insured person;
- in respect of which no police report or report drawn up by the public transportation company is presented to the insurer;
- of personal items of luggage while in transit, which is not reported immediately to the public transportation company;
- caused by confiscation or requisition by customs officials or other government authorities;
- due to electrical or mechanical failure, general wear and tear, denting, scratching or any type of dyeing or cleaning process;
- to fragile or easily destructible items other than through fire or due to an accident involving a vessel, aircraft or motor vehicle.
- caused by theft from unsupervised motor vehicles, trailers, motorized homes, caravans, water sport craft and tents; however, insurance cover exists (except for valuables, computers and mobile phones) if the stolen luggage was kept invisibly from outside in a locked glove box, boot of the automobile or in the storage space of a camp mobile or mobile home or in a fixed mounted locked luggage box of an automobile;
- caused by theft of valuables, computers and mobile phones from surrendered luggage or from unsupervised motor vehicles; valuables include jewelry, furs, valuable items containing precious metal or precious stones, watches, radios, binoculars, audio equipment, photographic equipment and video equipment, printers and games consoles.

IV.) J Home Assistance

1 What is covered when and where?

Insurance benefits are provided for costs and services in the event of a sudden and unforeseeable emergency at the residential property of the insured person during an insured trip of the insured person or within seven days of the return of the insured person, in order:

- to safeguard the security of the home of the insured person and to prevent damage or further damage to the home;
- to restore the principal utilities (mains water, gas or electricity supply, drains and waste water pipes including sanitary facilities and hot water supply) in the home of the insured person;
- to repair the central heating in the home of the insured person (only in the event of cold weather).

2 What benefits and services are available?

The insurer shall upon request by the insured person render the following services and insurance benefits in the case of an insured event up to the level specified in the table of insurance:

2.1 Arrangement of repair services

Arranging repair services for the emergency repair of the follow-

- ing installations or following parts of the home:
 - sanitary and sewerage system, if there is a likelihood of flooding;
 - gas or electricity supply to the home in the event of complete failure;
 - roof, if there is a likelihood of interior damage;
 - exterior locks, doors or windows upon which the security of the home depends;
 - central heating system, in the event of a water or oil leak.

2.2 Advance for rescue costs

Upon the instruction of the insured person, the insurer shall take the necessary steps to protect and preserve the property of the insured person, and for this purpose shall make advance payments for rescue costs.

2.3 Hotel costs if the home is uninhabitable

The insurer shall also assume hotel costs for up to two days in the event that the home of the insured person has become uninhabitable as a consequence of serious damage.

2.4 House keys

If the house keys of the insured person are lost or stolen, the insurer shall assume the cost of a locksmith.

3 In what circumstances will cover not apply? (Exclusions)

In addition to the exclusions pursuant to 2.3 GCI, insurance cover shall not be granted:

- 3.1 **for loss and/or damage caused by gross negligence on the part of the insured person;** or if the insured person has attempted to deceive the insurer;
- 3.2 in the event of a blockage of the sanitary equipment that is not caused by a fracture, or in the event of sudden mechanical failure caused by a separately ascertainable insured event;
- 3.3 in the event of the failure of central heating, if no unreasonable inconvenience is caused to the insured person by the outside temperature or there is no risk of frost damage to the home;
- 3.4 in the event of insured events caused by leakage from water hoses or washing appliances;
- 3.5 in the event of flooding caused by leaks or damaged seals caused by gradual seepage;
- 3.6 for claims brought in conjunction with digesters;
- 3.7 for the removal of sedimentation and all work made necessary by deposits from water containing chalk;
- 3.8 for losses that are incurred by emergency access to or repair of the building;
- 3.9 for damage to household contents;
- 3.10 for claims involving the reconnection of supplies, where the fault occurs outside the home;
- 3.11 in the event of subsidence, landslide or movements, except to protect the home against water penetration or against intruders;
- 3.12 for subsequent claims arising out of the same cause or the same event, where the original fault was not properly repaired;
- 3.13 for all costs incurred without the prior approval of the insurer.

IV.) K Loss Damage Waiver for Rental Cars (LDW/CDW)

1 What is covered when and where?

- 1.1 Insurance cover is provided for rented and utilized passenger cars (rental cars), where at least 50% of the costs of which were paid for with the card and which were driven by a driver (natural person) named in the rental contract, provided that the driver:
 - is at least 21 and maximum 80 years of age; and
 - is in possession of a driver's license valid for the class of rented vehicle.
 Only one passenger car rented by the cardholder will be insured at any one time.
- 1.2 Rental cars within the meaning of these SCI are passenger vehicles authorized to use public roads (passenger cars, estate cars and vans, authorized to carry up to nine people) rented

on a daily or weekly basis from an authorized rental agency or hire car firm.

- 1.3 Insurance cover is granted for the duration specified in the rental agreement, but not more than 31 days.
- 1.4 The minimum claim is CHF 400.

2 Which benefits are provided in which cases?

2.1 Loss damage waiver insurance

The insured person shall be compensated up to the level specified in the table of insurance benefits in respect of compensation claims that the rental car agency or company asserts against the insured person and/or the driver named in the rental contract arising out of:

- property damage to the rental car due to collision, incl. willful damage by a third party (vandalism) and fire;
- theft of the rental car, including its tires and other equipment;
- loss of use of the rental car;
- loss of profits suffered by the rental agency or rental car firm as a result of any of the aforementioned losses and/or damage;

provided that minimum claim level specified in the table of insurance benefits has been reached or exceeded.

2.2 Rental time not used

If the cardholder has hired the rental car and the driver is unable to drive because:

- he is unable to operate the vehicle due to hospitalization for more than 24 hours during the rental period or is ordered to remain in bed by a registered physician, and
- according to the rental agreement, no other person is eligible to drive the rented vehicle;

the insurance will indemnify the insured person up to the amount shown in the table of insurance benefits for each day (full 24-hour period) of rental charges for the days on which the driver is unable to operate the vehicle.

2.3 Cost of returning the vehicle

If the rental car cannot be returned at the end of the rental period because the only eligible driver is hospitalized due to an accident or sudden and unforeseen illness, the insurance will indemnify the insured person up to the amount shown in the table of insurance benefits for the charge levied by the rental agency or rental car firm for having the car returned.

2.4 Cost of a locksmith/replacement of keys

If an insured person accidentally locks himself out of the rental car, then the cost of opening the rental car (without further damaging the passenger car) shall be reimbursed up to the level set out in the table of insurance benefits. The car rental agency or company must approve the deployment of the locksmith. Approval of reimbursement is subject to the insured person retaining all receipts and presenting them to the insurer. Failure to observe these obligations can lead to insurance cover being voided for this insured event.

3 In what circumstances will cover not apply? (Exclusions)

In addition to the exclusions pursuant to 2.3 GCI, insurance cover shall not be provided for claims:

- pertaining to vintage cars, meaning cars over 20 years old, or cars that have not been manufactured for at least ten years;
- that are caused directly or indirectly by war, terrorist attacks, unrest of all kinds or seizure, damage or destruction by government agencies;
- resulting from failure of the insured person to observe the maintenance and operating instructions supplied with the rental car;
- **caused by gross negligence on the part of the insured person;**
- caused by wear and tear, insects or vermin;

- resulting from alcohol consumption, if the driver's blood/alcohol concentration at the time of the accident was above the alcohol level defined as legal in the jurisdiction in which the driver was operating the vehicle at the time of the accident;
- resulting from the influence of other intoxicating substances on the driver (e.g. drugs);
- arising from the rental car being employed for a purpose other than that stated in the rental agreement.

IV.) L Vehicle Assistance

1 What is covered when and where?

1.1 Insured persons

Notwithstanding I.) B, insured persons with regard to vehicle-related benefits are only the cardholders, solely and exclusively.

1.2 Insured vehicles

The insurance covers

- private cars, minibuses and small commercial vehicles,
- mobile homes,
- motorbikes with engines in excess of 125 cm³ driven by the insured person, including trailers and any luggage and goods being carried.

Insurance cover is contingent upon:

- the insured vehicle being registered in a European country (excluding Turkey and Russia);
- the vehicle type and equipment of the insured vehicle being designed and registered to carry no more than nine persons, including the driver;
- the insured vehicle not being used for commercial purposes;
- the insured person having possessed the necessary driver's license when the insured event occurred;
- the insured event occurring in Switzerland, EU, EFTA or in countries bordering the Mediterranean, although at least 30 km away from the habitual residence of the insured person.

1.3 Insured events

The insurance covers breakdowns, accidents (a sudden, unexpected, violent and involuntary external event) or theft of the insured vehicle.

2 What benefits and services are available?

The following benefits shall be rendered up to the limit specified in the table of insurance benefits:

2.1 Recovery

The insurer shall organize and pay for the cost of recovering an insured vehicle that has left the road.

2.2 Cost of towing and emergency repairs

If the insured vehicle is unable to embark upon or continue its journey immediately, the assistance service provider shall organize and pay for the cost of:

- restoring the roadworthiness of the vehicle at the location of the event by means of a breakdown assistance vehicle (including the small spare parts usually carried by the breakdown assistance vehicle); the cost of spare parts that are not usually carried and for workshop repairs shall not be paid;
- towing costs from the site of the breakdown/accident to the nearest workshop, if the vehicle cannot be repaired in situ.

2.3 Shipment of spare parts

If the insured vehicle is no longer roadworthy due to a breakdown or accident, and if the spare parts required to repair the vehicle are not available locally, the insurer may organize and pay for the shipment of these parts.

The cost of spare parts and customs duty will be indemnified in the form of an advance.

2.4 Return transport of a vehicle

The insurance covers an insured vehicle that:

- is not roadworthy and cannot be repaired locally; or
- is not roadworthy for more than two days; or
- is recovered in an unroadworthy state after a theft, and is not roadworthy for more than two days.

Insurance cover is provided for the organization and payment of:

- returning the insured vehicle from the breakdown/accident site to a garage of the insured person's choice in his place of residence; or alternatively
- moving the vehicle to a different location, provided that the cost does not exceed that of a return transport and the vehicle can be repaired at the different location;
- the necessary parking prior to the return or onward transportation.

Criteria for the return of the insured vehicle are that the insured person has provided the insurer with written authority to return the vehicle and has provided all necessary documents for the return transport.

The return transport shall not be performed if the transport costs are higher than the market value of the insured vehicle following the insured event. In this case, however, the insurer shall organize and pay for the vehicle to be scrapped.

2.5 Vehicle collection

Following the successful repair or discovery of the stolen insured vehicle, the insured person or his appointed representative shall receive a travel allowance to enable them to recover the vehicle.

2.6 Hotel costs during the repair

If the insured person has to interrupt a journey because of repairs to an unroadworthy vehicle, the insurer will pay for the hotel costs incurred by the insured person, provided the repair cannot be performed on the day the vehicle became unroadworthy.

This benefit is restricted to five nights per insured person.

2.7 Continuation of the journey or return home

If the insured person is unable to continue a journey within two days of the insured vehicle becoming unroadworthy or being stolen, and if the insured person elects not to take advantage of the aforementioned hotel cost benefit, the cost of the journey (rail first class and taxi up to CHF 80) or flight (economy class), insofar as the destination is located more than 700 km away from the principal place of residence of the insured person, shall be reimbursed for:

- the further journey to the destination in Switzerland, EU, EFTA or state bordering the Mediterranean; and/or
- the return journey to the place of residence in the country of residence.

3 In what circumstances will cover not apply? (Exclusions)

In addition to the exclusions pursuant to 2.3 GCI, insurance cover shall not be provided for:

- **loss and/or damage caused by gross negligence on the part of the insured person;** or where the insured person has deliberately attempted to deceive the insurer;
- loss and/or damage that occurs during the insured person's activity as or preparation for: racing (where high speed, stamina and skill are called for);
- any kind of organized competition;
- loss and/or damage resulting from failure of the insured person to observe the maintenance and operating instructions supplied with the insured vehicle;
- rental and car sharing vehicles.

1 Which benefits are provided when and where?

The following services shall be rendered at the request of the insured person in conjunction with a trip:

2 Organization and agency services

2.1 Travel advice:

- Information on current visa and entry requirements for all countries around the world. If the insured person holds a passport from a country other than Switzerland or Liechtenstein, the insurer may possibly be obliged to refer the insured person to the embassy or the consulate of the respective country.
- Information on current vaccination requirements for all countries prior to commencing any trip and information on current World Health Organization warnings.
- Information about the probably climatic conditions in the holiday destination, information about time zones and time differences and information about the opening hours of the most important banks in the holiday destination, including information and details concerning the acceptance of various currencies and specification of the principal currency of the holiday destination.

2.2 Medical information and referral services

If the insured person suffers an accident during a trip, or in the event of an illness that makes immediate inpatient or outpatient treatment by a licensed physician necessary, and if this cannot be delayed until after the insured person has returned to his home country, the following services shall be rendered:

- Information on options for outpatient treatment, referrals to English or German-speaking physicians, or a physician plus interpreter over the telephone if no English or German-speaking physician is available;
- Facilitating contact with hospitals and physicians;
- Insofar as the law permits, arranging for any physician's prescriptions which have been mislaid or forgotten to be sent by a pharmacist in the insured person's country of residence to a local pharmacist.

2.3 Forwarding of urgent messages

In an emergency, the insurer shall pass on any urgent messages to or from the insured person to or from close relatives, business partners and/or friends in his home country.

2.4 Repatriation of accompanying dogs and cats

The Insurer shall provide assistance for the repatriation of accompanying cats and dogs if the insured person is hospitalized.

2.5 Assistance with luggage

The insurer shall assist in locating lost luggage and provide the insured person with regular updates on the current situation.

3 Provision of advances

3.1 Medical emergency

Advances payable in the event of medical emergencies.

3.2 Prosecution/dealings with public authorities

If the insured person is arrested or threatened with arrest while traveling, or is required to deal with any public authority, the following services shall be provided:

- Procurement of a lawyer and/or interpreter;
- Advance in respect of any legal fees and interpreter's fees payable in the circumstances described above;
- Advance in respect of any bail bond or other security required by the authorities.

3.3 Loss of means of payment and travel documents

If the insured person is robbed while traveling or loses his cash, his card or his travel documents, the following benefits shall be provided:

3.3.1 Loss of means of payment

In the event of the loss of means of payment, the insurer shall provide advances in an emergency.

3.3.2 Loss of travel documents

If travel documents required for the return journey are lost or stolen, the insurer shall assist in obtaining replacement documents. The assistance service provider shall not pay the charges payable for issuing new documents.

In the event that tickets for the return journey are lost or stolen, an advance shall be paid to enable purchase of a replacement ticket.

3.4 What is the situation regarding advances that are not reimbursable by a third party?

All advances, forwarding/remittance fees and the cost of procurements:

- shall only be paid if neither an American Express® travel agency nor ATM is available in the vicinity of the insured person;
- shall be debited from a card subject to authorization by the issuer and the insured person.

If the insured person is not in possession of a card, then either the cardholder must consent to the cost being debited from the card account or the insured person must provide the insurer with some other form of security.

4 When will assistance services not be provided? (Exclusions)

In addition to the exclusions pursuant to 2.3 GCI, insurance cover or benefit entitlements shall not be provided:

- 4.1 for expenses incurred for any physician's fees, medical and/or treatment costs;
- 4.2 for damage that was foreseeable by the insured person as highly likely to occur;
- 4.3 for damage caused by gross negligence on the part of the insured person.

V. Claims table

Please note the obligations which apply upon occurrence of an insured event as per no. 3 of the GCI (Part III).

In order to be able to process the insured event, the insurer requires evidence about the occurrence of the loss event, its cost etc. The documents are listed in the following table, which must be submitted to the insurer to receive benefits as quickly as possible. Of course, only the documentary evidence relevant to the insurance benefit(s) being claimed by the insured person needs to be submitted. In case of doubt, please contact the claims adjuster, who will tell you which documents are required.

Claim	Documents required for the insurance benefit
General	<ul style="list-style-type: none"> • The card number • Notice of claim that has been completed comprehensively and truthfully • Original receipts (photocopies are sufficient if the originals are being processed by other parties at the same time) showing the purchase price and the date of purchase, as well as the relevant card statement • Proof of payment for the public transport ticket/agreement/contract or service using the card, where payment by card is a condition of insurance cover • Name of the physician providing the treatment and the document releasing this individual from the duty of professional confidentiality • Police report insofar as the police were involved • Your bank details • Evidence of expenses met by third parties (e.g. an airline, other insurers) • Copy of the monthly card statement, including details of applicable exchange rates if goods were purchased in a foreign currency
Transport Accident Insurance Claims adjuster: Allianz Global Assistance	<ul style="list-style-type: none"> • Evidence that the accident occurred while using or on the way to a means of public transport • Evidence showing how the accident happened and the consequences of the accident (degree of disability or death) • In the event of a disability claim, additional evidence that the course of treatment has been completed, insofar as such evidence is required to make an assessment of full disability • In the event of death, the insurer shall be given the right to ask a physician appointed by it to perform an autopsy, if required. • Evidence of costs incurred through search, rescue, recovery and repatriation costs • Police evidence of kidnapping/hijacking of the means of public transport in which the insured person was traveling
Travel Inconvenience Insurance Claims adjuster: Allianz Global Assistance	<p>Generally</p> <ul style="list-style-type: none"> • Card receipts evidencing expenses incurred for purchased goods, hotel accommodation and/or alternative conveyance (this evidence is not required if the costs were paid in cash by children who are not themselves cardholders) • Original receipts (photocopies are sufficient if these documents are being processed by other parties at the same time) • Ticket or other proof of travel (e.g. confirmation from the airline) containing detailed information (e.g. airline, flight number, departure airport, destination, scheduled departure time and flight time, arrival time, destination airport) • Information stating whether the journey in question was a homeward journey • Information stating whether fellow travelers (e.g. children, spouse/registered life partner) were also affected <p>Flight cancellation, refusal of conveyance, missed connecting flight</p> <ul style="list-style-type: none"> • Written confirmation from the transport operator that the flight was cancelled or over-booked or that the connection was missed, incl. details of scheduled and actual departure and arrival times • Proof (e.g. confirmation from the airline) that suitable alternative conveyance was not offered within four hours • Confirmation from the relevant organization (e.g. emergency breakdown assistance, garage, police) of the reasons for the delay that led to the connection being missed <p>Delay in return of luggage</p> <ul style="list-style-type: none"> • Written confirmation from the airline of the reasons for the delay in returning the luggage (Property Irregularity Report) and of the time when the luggage finally arrived

Claim	Documents required for the insurance benefit
Health insurance & assistance Claims adjuster: Allianz Global Assistance	Generally <ul style="list-style-type: none"> • Medical certificates and receipts providing a detailed description of the treatment and the costs, the first name and last name of the person being treated, the designation of the illness (diagnosis), and the individual medical services provided including data on the treatment • All unused tickets • Original or copies of invoices, together with confirmation provided by another insurer concerning granted benefits, including translations if necessary – the insurer shall retain these records. • Prescriptions must clearly show the medication prescribed and the price, and bear the pharmacist's stamp. • In the case of dental treatment, the documents must indicate the teeth requiring treatment and the nature of the treatment. • Proof of costs incurred by close relatives in traveling to the hospital in which the insured person is staying
Travel cancellation, travel curtailment Claims adjuster: Allianz Global Assistance	<ul style="list-style-type: none"> • Unused tickets or travel vouchers/invoices • In the case of e-tickets: confirmation from the airline that the ticket was not used and the costs reimbursed • Booking and cancellation receipts of the travel company • Medical certificates • Independent documentation, providing evidence of the reasons for delayed or missed arrival or travel cancellation or curtailment
Loss Damage Waiver for Rental Cars (LDW) Claims adjuster: Allianz Global Assistance	<ul style="list-style-type: none"> • Rental agreement • Accident report • Copy of driver's license • Original invoice for repair costs • Medical certificates in the case of return of rental car to rental center, or unused rental time
Luggage Insurance Claims adjuster: Allianz Global Assistance	<ul style="list-style-type: none"> • Evidence of the damage/destruction/loss of luggage • List of damaged/destroyed/lost items and their original purchase price and the date of purchase • In the case of a criminal offense, fire or explosion: a certificate from the local police force • If the insured event occurred on public transport, the report from the public transportation company • Submission of the damaged or destroyed items upon request